



King County

VETERANS AND HUMAN SERVICES LEVY 2008 STRATEGY AREA ANNUAL REPORTS

Strategy 3.4 Provide In-Home Mental Health Services to Treat Depression In Veterans and Others

OBJECTIVE

Levy funds allocated to Strategy 3 support the expansion of behavioral health services available to individuals in our community. The goal of Strategy 3.4 is to expand and extend the availability of in-home mental health services, and, in particular, to invest in services to treat mild depression in chronically ill and disabled elderly veterans, as well as other elderly who have transitioned from homelessness to permanent housing.

POPULATION FOCUS

The focus of this activity is older adults (age 55 and older), who live in their own homes in King County, and who exhibit symptoms of mild depression. This focus includes veterans, spouses of veterans, and non-veteran older adults.

The program aims to serve, each year, a minimum of 70 unduplicated veterans or spouses of veterans who are 55 years or older, and a minimum of 70 unduplicated non-veterans who are 55 years or older.

PROGRAM DESCRIPTION

The Program to Encourage Active, Rewarding Lives for Seniors (PEARLS) model was selected as the program to be used in delivering services for this strategy. PEARLS is a counseling program that teaches depression-management techniques to older adults who experience minor depression. The model provides older adults who are experiencing symptoms of minor depression with eight sessions of a multimodal treatment that includes problem solving, pleasant events scheduling, psychiatric oversight, supervision, and medication management.

PEARLS sessions are provided in clients' homes by a trained therapist at no charge to the client. Initially, the sessions are provided on a weekly basis, then bi-weekly, then once a month, ending with follow-up calls once a month for three to six months. By the completion of the program, a significant number of clients will be able to more easily identify solutions to problems. This often results in more confidence, increased physical and social activity, and an enhanced sense of control and mastery in their lives. It was recognized that not all of the older adults served by this strategy will end up enrolled in the PEARLS program; some will be referred to other programs or services in the community.

PROGRESS DURING 2008

The City of Seattle's Aging and Disability Services (ADS) Division administers the PEARLS model in King County. The ADS and two subcontractors (selected through a Request for Proposal (RFP) process began in June 2008 to recruit, enroll, provide the therapy, and help find additional services for participants. The two subcontractors are Catholic Community Services' African American Elders Program, and the International Drop-In Center (IDIC).

The University of Washington's Health Promotion Research Center (HPRC) designed the original PEARLS study. For 2008, HPRC provided consultation on the program design, collection and analysis of the data.

Agency	Veterans Funds Awarded	Human Services Funds	Total Levy Funds Awarded
City of Seattle Department of Human Services/Aging and Disability Services Division	\$110,000	\$110,000	\$220,000
University of Washington Health Promotion Research Center	\$2,000	\$2,000	\$4,000
Total	\$112,000	\$112,000	\$224,000

SERVICES PROVIDED

Number Served. During 2008, a total of 227 unduplicated older adults were served by PEARLS, whether through recruitment, enrollment, treatment, or by being referred for other services. Of that total, 106 clients enrolled in the program, and 87 percent of them showed improvement on their PHQ-9 scores. *(The PHQ-9 is a nine-item depression scale of the Patient Health Questionnaire. The scale assesses symptoms and functional impairment in order to make a tentative depression diagnosis, and then derives a severity score in order to help select and monitor treatment.)* The information that follows focuses on the 106 clients that were specifically enrolled in the PEARLS program in 2008.

The following table shows where the enrolled PEARLS participants live.

Total Enrolled	East	North	Seattle	South
106	1 (1%)	7 (7%)	73 (69%)	25 (24%)

During 2008, the majority of those enrolled lived in Seattle. The distribution of clients may have resulted from the subcontractor's focus on engaging clients in population areas of the highest health disparity for depression. The African American Elders Program's outreach efforts centered on Central/South Seattle and South King County, and the International Drop In Center reached out to the Filipino community in the larger Seattle area and North King County for the best impact. In future years, the providers will broaden their outreach efforts to reach clients in all areas of King County.

Living Situation. None of the PEARLS enrollees was homeless.

Living Situation		
Homeless	0	0.0%
Not Homeless	106	100.0%

Age Group. Those enrolled were older adults, who ranged in age from 55 to older than 85.

Age Group		
0 to 5		
6 to 10		
11 to 13		
14 to 17		
18 to 34		
35 to 59	10	9.4%
60 to 74	37	34.9%
75 to 84	42	39.6%

85 and over	17	16.0%
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Gender. Those enrolled in PEARLS were largely older women.

Gender		
Male	28	26.4%
Female	78	73.6%

Veteran Status. Those enrolled during 2008 were nearly equally split between non-veterans and veterans/spouses: 56 non-veterans (52.8%) and 50 veterans or spouses (47.2%).

Veteran Status			
Non-Veteran	56	52.8%	52.8%
Veteran	24	22.6%	47.2%
Veteran's Spouse	26	24.5%	

Race. Approximately one-third of those enrolled in PEARLS were white; another one-third were Asian; and another one-third African-American.

Race		
American Indian or Alaska Native	1	0.9%
Asian, Asian-American	30	28.3%
Black, African-America, Other	37	34.9%
Hawaiian Native or Pacific Islander	1	0.9%
Hispanic, Latino	1	0.9%
Multi-Racial	1	0.9%
White or Caucasian	33	31.1%
Other/Unknown	2	1.9%

Outcomes. A total of 227 participants were recruited to the PEARLS program in 2008. Of those, 106 were enrolled in the PEARLS therapy program.

The program involves multiple sessions over several months and not all enrollees completed their sessions during 2008. During the first half of the year, five participants finished the PEARLS sessions, and their baseline and final session scores on the PHQ-9 were compared. Four of the five clients showed improvement. Although the fifth client's scores did not show improvement, in fact her affect and demeanor grew more positive during the PEARLS intervention. One reason that the client's scores may not have shown improvement could be due to her extreme pain from fibromyalgia and arthritis. According to her counselor, "this participant is highly motivated, seeks initiative, and has a strong sense of self-worth."

During the second half of 2008, 30 more participants completed their final sessions. Twenty-six (87percent) of those participants showed improvement on their PHQ-9 scores. The four (13 percent) who did not improve had major health problems, such as severe Post Traumatic Stress Disorder, back pain, or other chronic conditions. While the PHQ-9 scores did not show improvement, the counselors reported that the participants' overall outlook on life did improve. For example, a participant with chronic back pain was highly mistrustful of the medical profession and had stopped taking medications. Through the PEARLS intervention, the participant located a physician, scheduled a visit, and resumed taking medication. Although the participant's depressive symptoms did not improve, she participated well in the sessions and eventually her mood improved, resulting in more engagement in discussions and becoming less guarded.

Throughout the year, all 106 PEARLS enrollees maintained stable housing situations.

SUCCESS STORY

Mrs. G is a widow who lives alone and has adult children and many grandchildren and great-grand children. She had experienced difficulty sleeping since the death of her husband in 2001, and had a multitude of health issues, including hypertension, stomach problems, emphysema, hip replacement, and obesity. She was also taking anti-depressants along with other medications, which left her moody, confused, and with low energy. Although she maintained a strong connection with her church, she did not socialize much because she felt most of her real friends had passed on.

Without close personal relationships, Mrs. G got caught up in negative thoughts about the neighbors in her apartment building, so much so she got into fights with other residents. Her overall level of stress was so high that her hands began to shake and she developed nervous facial movements. Mrs. G did not take responsibility for her finances and always needed assistance to help pay her utilities. She felt that her husband had always taken care of all financial matters and she could not learn to manage money on her own.

Mrs. G and her counselor discussed PEARLS and she decided to give it a try. She felt she had nothing to lose.

Mrs. G and her PEARLS counselor began the program by listing all the things in her life she would like to change. For example, it was important to change her way of thinking from negative to positive. She reviewed a week and recorded all the positive things that happened in her life. She realized that most of her negative thinking and activity was something she could control. She stopped listening to gossip in the apartment building and she started to go for walks. The exercise began to reduce pain in her hip, helping her to walk and sleep better.

Next, Mrs. G decided she would like to volunteer or work somewhere in order to get out of the house and do something meaningful. On one of her walks, she noticed a nursing home and applied for a position. Within a week, Mrs. G was hired to work in the cafeteria, where she sets up tables and assists the elderly in getting their meals and coffee. The new job helped with her finances, and the walking and exercise from doing her job helped her to lose weight. This encouraged her to start taking care of herself by dieting, getting her hair done, getting dressed, and going out and doing things by herself.

"Before the PEARLS Program," Mrs. G says, "I was down and very depressed, on medication, confused and giving up. I have learned I can achieve my goals and solve problems and not to let other people's problems affect how I feel or what I think. I am happy and productive."

FOR MORE INFORMATION

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